



AF/16328

Patent
Attorney Docket No. 032751-066

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

"Reply Under 37 C.F.R. 1.116 - Expedited
Procedure - Technology Center 1600"

In re Patent Application of

Pierre LEROY

Application No.: 09/927,933

Filing Date: August 13, 2001

Title: NOVEL IMPLANT AND NOVEL VECTOR FOR THE TREATMENT OF ACQUIRED DISEASE

Group Art Unit: 1632

Examiner: Scott D. Priebe

Confirmation No.: 6916

AMENDMENT/REPLY TRANSMITTAL LETTER

RECEIVED
MAR 12 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

A Petition for Extension of Time is also enclosed.

Terminal Disclaimer(s) and the \$55.00 (2814) \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

Also enclosed is/are Third Information Disclosure Statement Transmittal Letter, Third Information Disclosure Statement, a form PTO-1449, and 1 reference

Small entity status is hereby claimed.

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$385.00 (2801) \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.

Applicant(s) previously submitted _____

on _____, for which continued examination is requested.

Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	15	MINUS 20 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	3	MINUS 3 =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

A check in the amount of _____ is enclosed for the fee due.

Charge _____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Date: March 8, 2004

By


Christopher L. North, Ph.D.
Registration No. 50,433